FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

ACATION A A II C	41											-					
SECTION 1 - General Informa		doot						-									
Name and Mailing Address of Respondent Yelcot Telephone Telephone Company PO Box 1970 Mountain Home, AR 72654-1970														Check here if this is a change of address.			
2. Year Report Filed 2017			Period Co	Period (End overed by Re 1ary 5, 2		ay		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. L. Fewer than 16 (complete Sections I, IV, and V only) b. 7 16 or more (complete all sections)									
SECTION II - Full-Time Emplo	yees.						-										
Job Categories	L							Nun (Report emp	nber of Emplo loyees in only	yees one category	()						
	L	Race/Ethnicity															
			enic or tino						Not-Hispan	nic or Latino							
	L					Ma	ale			Female						Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		A	В	С	D	E	F	G	н	1	J	к	L	м	N	0	
Executive/Senior Level Officials and Managers	1.1			3						L						4	
First/Mid-Level Officials and Managers	1.2			2						3						5	
Professionals	2			2						4						6	
Technicians	3			3	<u></u>											3	
Sales Workers	4			1	<u></u>											_	
Administrative Support Workers	5									6						6	
Craft Workers	6			9												9	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Warkers	9															0	
TOTAL	10	0	0	20	0	0	0	0	0	14	0	0	0	0	0	34	
PREVIOUS YEAR TOTAL	11			22						13						35	

FCC 395

		Number of Employees (Report employees in only one category)														
Job Categories	ı	Race/Ethnicity														
	Hispanic or Latino		Not-Hispanic or Latino													
					Ma	ile				Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
		A	В	С	D	Е	F	G	н	1	a a	к	L	м	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5			0						2						2
Craft Workers	6			0												0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
PREVIOUS YEAR TOTAL	11			i						4						5
SECTION IV - Report of Discr	imina	ation Compl	laints Pursua	nt to 47 CFI	R 22.321, 23.5	55, 90.168, 101	.4, and 101	.311.			1	1.				
This is to advise the company before a This is to advise the (Attach a list indication).	ny bo ne Co	dy having co mmission tha	ompetent jurison at the following	diction in suc g complaints	ch matters dur alleging viola	ing the calendations of the pro	ar year cove ovisions of a	red by this rep my equal empl	oort. oyment opport	unity statute	have been fil	ed against this	company.			
SECTION V - Certification																
I certify that to the best of my kee	-	-	ation, and belie Name of Perso		ents in this re	-							Talashasa I	12		
05/25/2017	0.00 to 0.00		uhknech		Signature Telephone No. (870) 425-3100											
Title of Person Signing Vice President and	e.	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).														